

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State
 01-11-2002 90027 021 ***150.00

0507056 AV

DOCUMENT # P98000053723
 1. Entity Name
STATEWIDE MORTGAGE GROUP, INCORPORATED

Principal Place of Business 2272 AIRPORT ROAD SOUTH #102 NAPLES FL 34112	Mailing Address 2272 AIRPORT ROAD SOUTH #102 NAPLES FL 34112
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2. Principal Place of Business 1106 1/2 N. COLLIER BLVD	3. Mailing Address SAME
Suite, Apt. #, etc. STE 104	Suite, Apt. #, etc.

City & State MARCO ISLAND FL	City & State	4. FEI Number 59-3517831	Applied For <input type="checkbox"/> Not Applicable
Zip 34145	Country COLLIER	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAURIES, DENNIS M
1273 MARTINIQUE CT
MARCO ISLAND FL 34115

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named agent makes this statement for the purpose of designating its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Dennis M Bauries President* DATE **1/7/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAURIES, DENNIS		NAME	
STREET ADDRESS 1273 MARTINIQUE COURT		STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL 34145		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *Dennis M Bauries President* DATE: **1/7/02**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/01)